



TEXAS DEPARTMENT OF HEALTH  
RETAIL FOODS DIVISION

SITE EXAMS

BUDGET 7B708  
FUND: 072

LICENSE #:

TEST SITE (ONLY)

EXAMINATION BOOKLET ORDER FORM

Return both the completed application and fee made payable to the  
TEXAS DEPARTMENT OF HEALTH in the envelope provided or mail to:  
Texas Department of Health, P. O. Box 12008, Austin, Texas 78711-2008.  
You may visit our website at: [www.tdh.state.tx.us/bfds](http://www.tdh.state.tx.us/bfds)

*Note: Only TDH licensed Test Sites may use this form to order exam booklets.*

Test Site Current license #: \_\_\_\_\_

Name of Business Operating Test Site: \_\_\_\_\_

Name of Test Site Designee or Agent: \_\_\_\_\_

**EXAMINATIONS ORDERED: (Please check type and quantity requested): Non-Refundable Price \$17.00 each**

Certification Examination (English): Quantity: \_\_\_\_\_ @ \$17.00 each Total: \_\_\_\_\_

Certification Examination (Spanish): Quantity: \_\_\_\_\_ @ \$17.00 each Total: \_\_\_\_\_

Recertification Examination (English): Quantity: \_\_\_\_\_ @ \$17.00 each Total: \_\_\_\_\_

Recertification Examination (Spanish): Quantity: \_\_\_\_\_ @ \$17.00 each Total: \_\_\_\_\_

**ORDER TOTAL:** \_\_\_\_\_

**SHIP TO:**

Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Telephone # of Business: \_\_\_\_\_

Address: \_\_\_\_\_

(Street or PO Box)

(City)

(State)

(Zip)

**SECURITY AGREEMENT STATEMENT BY DESIGNATED PROGRAM SPONSOR:** I do hereby agree to maintain in a secure manner all examination booklets and materials received from the Texas Department of Health (TDH) and to refrain from discussing, describing or duplicating any items contained therein. I understand and agree to the timely return of all examination booklets and scantrons issued to me upon request of the TDH. I further understand that failure to comply with the terms of this agreement may constitute just cause for program review and/or require this department to take additional action, including revocation of the Test Site License.

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD CHAPTER 438 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature

? OWNER  
? PARTNER  
? PRESIDENT  
? DESIGNEE / AGENT

Date

Printed Name & Title